

# INSTRUCTOR APPLICATION

## Registry for FSTEP (Noncertification) Courses

Please Print or Type

NAME:

First

Middle

Last

DEPARTMENT:

Current Employer

DEPT ADDRESS:

Street

City

State

County

Zip

HOME ADDRESS:

Street

City

State

Zip

TELEPHONE:

Work - ( )

Home

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Refer to the *State Fire Training Policies and Procedures* manual for specific instructor requirements. Applications are reviewed by the PACE II (Peer Assessment for Credential Evaluation) committee on a quarterly basis (January, April, July, October). Include with your application all appropriate documentation for each area of interest selected below.

### SELECT YOUR AREA(S) OF INTEREST:

|                                   |   |
|-----------------------------------|---|
| FIRE CONTROL                      | _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7                       |
| FIRE CONTROL SENIOR               | _____ 3 _____ 4 _____ 4A/B _____ 5 _____ 7                                    |
| AUTO EXTRICATION                  | _____   |
| BASIC EMERGENCY VEHICLE OPS       | _____   |
| BASIC PUMP OPS                    | _____   |
| RESCUE BOAT OPS                   | _____   |
| CONFINED SPACE RESCUE             | _____ AWARENESS _____ OPERATIONS  |
| DISPATCHER                        | _____ 1A _____ 2A   |
| EMERGENCY CARE/SICK & INJURED     | _____   |
| ELECTRIC VEHICLE                  | _____   |
| HAZMAT-FIRST RESPONDER OPS        | _____ DECONTAMINATION   |
| HELICOPTER OPS-EMS                | _____   |
| LOW ANGLE RESCUE                  | _____   |
| PERSONAL WATERCRAFT RESCUE OPS    | _____   |
| PREVENT/SUPPRESS SCRAP TIRE FIRES | _____   |
| RIVER & FLOOD RESCUE              | _____   |
| SPECIALIZED APPARATUS             | _____   |
| TRENCH RESCUE                     | _____   |
| INCIDENT COMMAND SYSTEM           | _____ I-100 _____ I-200 _____ I-300 _____ I-400 _____ I-401 _____ I-402 _____ |
| ICS SKILLS POSITION               | _____ S-130 _____ S-134 _____ S-190 _____ S-200 _____ S-205 _____ S-216 _____ |
|                                   | _____ S-231 _____ S-234 _____ S-236 _____ S-260 _____ S-270 _____ S-290 _____ |
|                                   | _____ S-301 _____ S-330 _____ S-334 _____ S-336 _____ S-339 _____ S-390 _____ |
|                                   | _____ S-400 _____ S-401 _____ S-430 _____                                     |
| RESCUE SYSTEMS                    | _____ 1 _____ 1 SENIOR _____  |

I, the undersigned, am the person applying for regional instructor. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information may be cause for denial.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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